

# INDIANA CIVIL RIGHTS COMMISSION

## FAIR HOUSING FIELD AGENT APPLICATION

Please complete this application fully and accurately. The information will be used to determine whether you qualify to be a fair housing field agent, as well as to pair you with another qualified volunteer to conduct housing inspections. The information will be only be used for this purpose and will not be disclosed to other, *unless requested in accordance with State Public Access laws.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ (other) \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ National Origin/Ancestry \_\_\_\_\_

Do you speak a language other than English? If yes, what? \_\_\_\_\_

Do you have a disability? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Are you working, or have you ever worked, in the housing industry (i.e. leasing agent, landlord, real estate agent, resident manager, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have access to reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently looking to rent/own an apartment/house? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify which: \_\_\_\_\_

Have you previously been a real estate "tester" or auditor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you previously been a witness, defendant or plaintiff in any civil court case or action?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please indicate the hours when you are most likely to be available for housing inspections:**

	SUN	MON	TUE	WED	THU	FRI	SAT
MORNING 8 - 12							
AFTERNOON 12 -5							
EVENING 5 - 9							

**UPON ACCEPTANCE OF YOUR APPLICATION, A CRIMINAL HISTORY SEARCH WILL BE CONDUCTED.**

Have you ever been charged with a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify year and nature of charge: \_\_\_\_\_

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Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify the year of conviction and the nature of the crime: \_\_\_\_\_

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Have you ever filed complaint of discrimination with a government agency or had a complaint filed against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Have you ever been discharged from employment as a result of dishonesty? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Do you know of any other person who might be interested in fair housing inspections? If so, please list their names and phone numbers so that we may contact them directly.

Name:

Address:

Phone Number:

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If I am selected as a fair housing program volunteer, I agree to undergo training at a time and location chosen by the Indiana Civil Rights Commission. I agree to keep all information discovered in the course of my inspections strictly confidential. I understand that as a fair housing program volunteer I may be called as a witness in legal proceedings, where I may be compelled to testify under oath regarding my training and observations. I agree to inform the Commission of any changes to the information contained in this application, including availability, employment status or criminal arrests and convictions.

**I hereby affirm, under penalty for perjury, that the foregoing information is true and accurate.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

Submit completed application to:

**Indiana Civil Rights Commission  
Attn: Pamella Cook  
100 North Senate Avenue, Room N103  
Indianapolis, IN 46204**